PT9/SB/17 (10-07)

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		Complete if Known						
Effective on 12/08/2 Fees pursuant to the Consolidated Appropri		Application Number	10/537,828-Conf. #8667					
FEE TRANS	MITTAL	Filing Date	June 8, 2005					
		First Named Inventor	Jae Sung SIM					
For FY 20	800	Examiner Name	E. I. Nalven					
Applicant claims small entity state	us. See 37 CFR 1.27	Art Unit	3744					
TOTAL AMOUNT OF PAYMENT	(\$) 300.00	Attorney Docket No.	0465-1354PUS1					
METHOD OF PAYMENT (check	all that apply)							
Check Credit Card Money Order Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated	below	Charge fee(s) indicated below, except for the filing fee						

Check Credit	Cara	Money Order	None		please identity).	·				
X Deposit Account De	posit Account Nu	mber: 02-	2448	Deposit A	Account Name:_	Birch, Stewar	t, Kolasch &	Birch, LLP_		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any fee(s) under	additional fee	e(s) or underpay 3 and 1.17	ments of	x Credit	any overpay	ments				
FEE CALCULATION										
1. BASIC FILING, SEARC	H, AND EXA	AMINATION FE			•			-		
	FILI	NG FEES	SEAR	CH FEES	EXAMINA	TION FEES	5			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)		
Utility	310	155	510	255	210	105				
Design	210	105	100	50	130	65				
Plant	210	105	310	155	160	80				
Reissue	310	155	510	255	620	310				
Provisional	210	105	0	0	0	0				
2. EXCESS CLAIM FEES	•							Small Entity		
Fee Description							Fee (\$)	Fee (\$)		
Each claim over 20 (inclu	-						50	25		
Each independent claim of	-	ling Reissues)		•			210	105		
Multiple dependent claim							370	185		
	a Claims	Fee (\$)	Fee Paid (\$)			ultiple Dependent Claims		,		
35 - 29 = HP = highest number of total c		50.00 =	300.0	<u> </u>	<u>Fee</u>	<u>(\$)</u>	Fee Paid (\$	1		
•	a Claims	Fee (\$)	Fee Pai	d (\$)				-		
2 -3=	X	<u> </u>	100141	<u>a (4)</u>						
HP = highest number of indepe	endent claims pa	aid for, if greater tha	ın 3.	· · ·						
3. APPLICATION SIZE FI										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
l .	Extra Sheets	. , , ,	` '	tional 50 or frac	tion thereof	Fee (\$)	Fee I	Paid (\$)		
		/50 =					=			
4. OTHER FEE(S)							Fees	Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): Additional claims 300.00						0.00				
SUBMITTED BY										
Signature (LW	46- E	llul		gistration No. torney/Agent)	39,538	Telephone	(703) 20	5-8000		
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Date

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√ames T. Eller, Jr.

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Name (Print/Type)

January 9, 2008